Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

| PETITION | FOR EXTENSION OF TIME UNDER | Docket Number (Optional |) | | | | |
|---|--|------------------------------|---------------------------------------|-----------------------------|--|--|--|
| (Fees | FY 2006 pursuant to the Consolidated Appropriations Act, | HASE0001 | | | | | |
| Application I | Number 09/972,797 | Filed December 1, 2 | Filed December 1, 2006 | | | | |
| For Method and Apparatus for Writing Data to, and Retrieving Data from, A Memory Unit | | | | | | | |
| Art Unit 21 | 33 | Examiner Huisman, | David J. | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | |
| | | <u>Fee</u> | Small Entity Fee | | | | |
| | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | | | |
| | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | | | |
| x | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$510.00 | | | |
| | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | | | |
| | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | | | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | | | | |
| A check in the amount of the fee is enclosed. | | | | | | | |
| Payme | nt by credit card. Form PTO-2038 is a | attached. | | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1445 . I have enclosed a duplicate copy of this sheet. | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | |
| I am the applicant/inventor. | | | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | | |
| attorney or agent of record. Registration Number 30,176 | | | | | | | |
| | attorney or agent under 37 CF Registration number if acting under | | | | | | |
| | 4 | | Decembe | r 1, 2006 | | | |
| | Signature | | | Date | | | |
| | Michael A. Glenn | | | (650) 474-8400 | | | |
| | Typed or printed name | | | Telephone Number | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| | X Total of One (1) forms are submitted. | | | | | | |
| his collection of | information is required by 37 CFR 1.136(a). The information | mation is required to obtain | n or retain a benefit by the public w | hich is to file (and by the | | | |

This colocular from disable is required by 3 CPT 1, 100(g). The minimization is required to closed in retains a cellerate by the place which is to the gent by the UPTO to process) an application. Confidentially is governed by \$3.U.S. CL 2 and 3 CPTC R11 and 114. This collection is estimated to take is minuted to complete, including gathering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time provingeria to complete this form and/or suggestions for reducing this budger, should be served to the Clief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Dox 1490, Alexandria, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission for Pethods, Pol. Dec. 1456, Alexandria, V.A. 2231-1450, DO NOT SEND FEES OR COMPLETED.



PTO/SB/22 (09-06)
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| | pursuant to the Consolidated Appropriations Act, Number 09/972,797 | Filed December 1, | 2006 | | | | |
| | and Apparatus for Writing Data to, and | | 2000 | | | | |
| Art Unit 218 | | Examiner Huisman, David J. | | | | | |
| | | | | | | | |
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| | 4 | | Decembe | er 1, 2006 | | | |
| Signature | | | | Date | | | |
| Michael A. Glenn | | | (650) 474-8400 | | | | |
| Typed or printed name | | | Telephone Number | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| X Total of One (1) forms are submitted. | | | | | | | |
| This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the | | | | | | | |

This collection of Information is required by 3° CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO or posses) an application. Confidentially is governed by 3° U.S. C. 122 and 3° CFR 1.11 and 14. This collection is estimated to take for inmitted to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, WA 2213-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents. P.O. Box 1450, Alexandria, VA 2231-1450.